

**Medicaid Payments by Type of Service
Selected Fiscal Years**

	1985	1998	1999	2000	Percent Distribution 2000
Amount in millions					
Total	\$37,508	\$142,260	\$152,629	\$168,307	100.0
Inpatient Services	10,645	24,241	23,940	26,034	15.5
General Hospitals	9,453	21,441	22,182	24,266	14.4
Mental Hospitals	1,192	2,801	1,758	1,768	1.1
Nursing Facilities ¹	5,071	31,892	33,113	34,432	20.5
ICF Services	11,246	9,482	9,326	9,375	5.6
Mentally Retarded	4,731	9,482	9,326	9,375	5.6
All Other ¹	6,516	NA	NA	NA	0.0
Physician Services	2,346	6,070	6,497	6,806	4.0
Dental Services	458	901	1,203	1,404	0.8
Other Practitioner Services	251	587	467	658	0.4
Outpatient Hospital Services	1,789	5,759	6,061	7,053	4.2
Clinic Services	714	3,921	5,778	6,174	3.7
Laboratory & Radiological Services	337	939	1,147	1,288	0.8
Home Health Services	1,120	2,702	2,898	3,119	1.9
Prescribed Drugs	2,315	13,522	16,567	20,014	11.9
Family Planning ²	195	449	NA	NA	0.0
EPSDT ²	85	1,335	NA	NA	0.0
Rural Health Clinics ²	7	NA	NA	NA	0.0
Home and Comm. Based Waiver Serv. ²	NA	6,709	NA	NA	0.0
Prepaid Health Care	NA	19,296	21,115	24,413	14.5
PCCM Services	NA	134	463	165	0.1
Sterilization Services	NA	NA	121	128	0.1
Personal Support Services	NA	8,222	10,499	11,567	6.9
Other Care	928	4,386	12,967	14,680	8.7
Unknown	NA	1,713	469	997	0.6

¹ Beginning in 1991, the category, nursing facilities, was created to include skilled nursing facilities and intermediate care facility services for all other than the mentally retarded. ² Beginning in 1999, these services were reclassified as program types and the payments subsumed in the remaining types of service.

NOTES: Percent distribution based on rounded numbers. Prior to 1998, vendor payments exclude premiums and capitation amounts. Beginning in FY 1998, payments include capitated payments as a type of service category.

SOURCES: CMS/CMSO/ORDI

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